



IMAGES AND VIDEOS

Mammary Paget's disease. Conservative mastectomy

Enfermedad de paget mamaria. Mastectomía conservadora

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A 76-year-old female, with no relevant medical history, presented with a large ulcerated breast lesion. On physical examination, large pendulous breasts with an irregular ulceration of the left nipple-areola complex (NAC) of approximately 100 mm x 50 mm were observed (Fig. 1). To palpation no other breast or axillary tumors were detected.



Figure 1 Irregular huge ulceration in a 76-year-old woman. Physical examination.

Radiologic findings described an ipsilateral axillary adenopathy of 16 x 9 mm, without evidence of malignancy after the core needle biopsy. The histopathological result of the skin biopsy was compatible with Paget's disease.

Surgical treatment was deemed necessary and the patient underwent a conservative mastectomy including the NAC with a W pattern mammoplasty (Figs. 2-3). The patient refused surgical symmetrization with contralateral breast reduction.

Histologic results confirmed a mammary Paget's disease, and sentinel lymph node was negative.

Discussion

Paget's disease of the breast is a rare type of cancer of the NAC often associated with an underlying *in situ* or invasive carcinoma (in 95-98% of cases).¹ Although, clinical and imaging findings are complementary and should be correlated to confirm or exclude its diagnosis, open biopsy should be considered as standard for its diagnosis. To date, proper surgical treatment is controversial.

Central tumors of the breast are in a difficult location for breast conservation and in many occasions result in mastectomy. At the present time, W pattern mammoplasty (also named inverted-T scar) with NACectomy is a conservative oncoplastic technique with an adequate oncological resection and good aesthetic results.²

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Figure 2 Conservative mastectomy including the NAC with a W pattern mammoplasty.



Figure 3 Aesthetic results two weeks after breast surgery.

While NAC reconstruction can be performed during the main surgery or in subsequent interventions, in our patient it was not possible to perform a NAC reconstruction with conventional procedures due to anatomical

considerations and the large ulceration skin area. In conclusion, this oncoplastic technique can be an alternative for patients with ptotic breasts and huge ulcerations such as the herein presented.³

Confidentiality of data

The authors declare that they have followed the protocols of their Center on the publication of patient data.

Conflict of interests

David Martínez Ramos is Managing Editor of "Revista de Senología y Patología Mamaria".

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